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July 20, 2016

Sylvia Mathews Burwell, Secretary
U.S. Department of Health and Human Services
200 Independence Avenue, SW
Washington, DC 20201

**Re: Iowa Wellness Plan § 1115 Demonstration Waiver
Extension**

Dear Secretary Burwell,

We appreciate the opportunity to comment on Iowa's proposal to amend its Medicaid expansion demonstrations to extend the waivers of NEMT. The National Health Law Program (NHeLP) protects and advances the health rights of low income and underserved individuals. The oldest non-profit of its kind, NHeLP advocates, educates and litigates at the federal and state level. While we support Iowa's decision to provide coverage to low-income adults, we ask CMS to deny Iowa's proposals to extend these waivers of NEMT for its demonstrations. The evidence Iowa provides in support of the extensions fails to justify waiving this key service, and instead reinforces earlier concerns that denying NEMT to enrollees has negatively impacted beneficiary access to care, especially for women, people of color, people with functional deficits, and individuals living below the poverty line.

**Waiving NEMT disproportionately impacts minorities, women,
and people with functional deficits**

Iowa bases its claim to continue waiving NEMT on three surveys conducted by the Public Policy Center at the University of Iowa. The Iowa PPC surveys are not very useful in terms of comparing the Medicaid expansion population (with no NEMT) against state plan Medicaid recipients (with NEMT access). These eligibility groups are far too different demographically to make meaningful statistical comparisons (see below). The implausible and illogical finding that people with access to NEMT reported *higher* unmet transportation needs only emphasizes the flaws in this comparative approach. Moreover, even if the comparison groups were apples to apples, the persistence of unmet transportation needs could be explained by an ineffective or poorly publicized NEMT program, which would not be a legitimate justification for

waiving the benefit.

The latest survey conclusively show that certain demographic groups are much more likely to face a transportation barrier regardless of which Medicaid eligibility group they happen to qualify under. Besides low income, which is a strong predictor of barriers, women are 24% more likely to report an unmet transportation need.¹ Younger individuals have less access to transportation than older adults (45-64). People of color are significantly more likely to report a lack of transportation (83% higher odds for Blacks, 31% for Hispanics (small sample)). Finally, people in relatively poorer health (58% higher odds), with multiple physical ailments (63%), or who have any functional deficit (245%) are all *much* more likely to report unmet transportation needs.² This evidence strongly suggests that waiving the NEMT benefit disproportionately impacts these groups. **CMS must not approve a continued waiver of this benefit because it likely exacerbates ongoing healthcare disparities for populations that have been historically underserved.**

The most recent survey also demonstrates that transportation remains a significant access barrier to needed care for enrollees of Iowa's Health and Wellness Program (IHAWP) demonstration, with 22% of Wellness Program (WP) respondents reporting they primarily rely on family or friends to get to their medical appointments and 13% reporting an unmet need for transportation in the last 6 months.³ Roughly one in five WP enrollees who reported needing routine care also reported an unmet need for that care, with transportation barriers as the most commonly cited reason for that unmet need (23%).⁴ For all these questions, IHAWP enrollees below the poverty line (in the Wellness Plan) reported much higher need and reliance on others than IHAWP enrollees with higher incomes (100-138% Federal Poverty Level), suggesting that low income strongly correlates with transportation access problems.⁵

NEMT is most commonly used by individuals who may not be able to drive themselves, may not have access to or be able to afford public transportation, or may have other challenges that make it difficult to get around, such as a disability. Depending on social networks to satisfy medical transportation needs can be unreliable and presents a real barrier to accessing needed care. Projected over the whole Medicaid expansion population, the IPPC survey results indicate that over 15,000 IHAWP members experienced an unmet medical transportation need in the last six months.⁶ Even if

¹ Suzanne Bentler, *et al.*, University of Iowa Public Policy Center, Non-Emergency Medical Transportation and the Iowa Health and Wellness Plan, 26 (Mar. 2016).

² *Id.*

³ *Id.* at 23.

⁴ *Id.* at 18.

⁵ Suzanne Bentler et al., University of Iowa Public Policy Center, *Evaluation of the Iowa Health and Wellness Plan: Member Experiences in the First Year*, 26-7 (April 2015), available at: <http://ppc.uiowa.edu/publications/evaluation-iowa-health-and-wellness-plan-member-experiences-first-year>.

⁶ At the end of 2015, 103,899 individuals were enrolled in the WP group (13% reported unmet transportation need). 33,360 individuals were in MPC (6% reported an unmet transportation need). Iowa Dept. Human Servs., Iowa Wellness Plan Quarterly Report 1115 Demonstration Waiver Oct. 1, 2015 – December 31, 2015, 7 (Feb. 2016), available at: <http://www.medicaid.gov/Medicaid-CHIP-Program->

NEMT only reaches a fraction of that group, it would substantially improve access to care for thousands of individuals, especially groups that are historically underserved. Iowa's request to continue this waiver focuses on the majority of users while not acknowledging or addressing the expressed needs of a sizeable minority that disproportionately include key protected classes. Given this evidence, CMS cannot justify continuing this waiver of a required Medicaid benefit. There is no demonstration value in a waiver that clearly harms some enrollees, nor can it be said to promote the objectives of Medicaid as required by § 1115.

Statistical comparisons between IHAWP and Medicaid state plan respondents are highly problematic and misleading

Iowa's waiver extension proposal maintains that the differences in reported unmet transportation need between the IHAWP respondents and state plan Medicaid respondents were not significantly different. However, the state's extension proposal fails to acknowledge or account for the stark demographic differences between the comparison groups. These differences are large enough to render cross-group comparisons more misleading than informative. According to the most recently conducted IPPC survey, the state plan group consists mostly of parents of Medicaid eligible children. That group is overwhelmingly female (84%) with exceedingly low incomes (0-77% FPL; mean of 11% FPL). The Medicaid expansion groups (WP is <100% FPL; MPC is 100-138%) had much higher mean poverty levels (34% and 118%, respectively), were on average 9 years older, and were much more gender balanced (59% and 68% female, respectively). The most recent survey attempts to adjust for some of these demographic differences using a logistical regression model, but acknowledges that relevant but unmeasured variables could have biased the results.⁷ The very implausible result that individuals with no access to NEMT reported fewer transportation barriers than individuals who do have an NEMT benefit suggests either a key missing variable or a fundamental flaw in the comparative approach. Add to that other methodological limitations, such as potential response bias, and any statistical comparison between these groups becomes relatively meaningless.⁸ In short, these surveys are comparing apples to oranges in terms of health risk and likely need for transportation.

Moreover, the state's demonstration extension proposal lumps together the whole Medicaid expansion population without noting important differences between the WP and MPC groups. For example, the WP group reported much poorer health status (33% in fair/poor health vs. 22% in MPC) and nearly twice as many people reporting functional limitations (40% in WP vs. 22% in MPC).⁹ Lumping these eligibility groups together effectively masks the factors in the WP group linked with higher unmet transportation needs. CMS should focus here less on the faulty state plan to IHAWP

[Information/By-Topics/Waivers/1115/downloads/ia/Wellness-Plan/ia-wellness-plan-qtrly-rpt-oct-dec-2015.pdf](#).

⁷ Bentler et al., *supra* note 1, at 32.

⁸ Bentler et al., *supra* note 5, at 14.

⁹ *Id.* at 15.

comparison, and more on the thousands of individuals in the Medicaid expansion who *would* have better access to care if they could access NEMT.

Is Iowa's NEMT effectively run and well known?

If people do not know about or cannot readily make use of NEMT, they will likely continue to have unmet transportation needs despite having nominal access to an NEMT benefit. Data from the IPPC's most recent survey provides ample qualitative data indicating a need to improve Iowa's NEMT program for the state plan population. In Appendix B, qualitative data from free form comment solicitations included 125 state plan members (6% of all state plan respondents) who volunteered comments discussing the cost of transportation as a barrier, many of which suggested a lack of awareness of NEMT or frustrations with the state broker.¹⁰ Only 6 people left comments reflecting positive experiences with the NEMT brokerage program.¹¹ Together, this suggests at least a need for better outreach and education for Iowa's NEMT program. These problems may be long-standing. One 2008 study, also conducted by IPPC, found that over 55% of the non-elderly, non-disabled Medicaid population in the state reported very low or low understanding of the NEMT benefit.¹² Fully 43% of the whole Medicaid population reported not knowing they could be reimbursed for travel to providers at all.¹³ If this is the case, CMS could not justify approving a renewal of the waiver of the NEMT benefit for the Medicaid expansion due to significant faults and flaws in Iowa's NEMT delivery system.

Conclusion

While these data points suggest problems with NEMT delivery in Iowa, the broader point is that IPPC's latest analysis clearly shows that an effective NEMT program is clearly needed to help address health disparities across all of Iowa's Medicaid eligibility groups, and that renewing a waiver of NEMT would not promote the objectives of the Medicaid program and will likely contribute to widening health disparities.

While we support the continuation of Iowa's Medicaid expansion coverage, we urge CMS to reject Iowa's request for and NEMT waiver extension. Thank you for considering our comments. If you have any questions or need any further information, please contact David Machledt (machledt@healthlaw.org; 202-384-1271), Policy Analyst, at the National Health Law Program.

¹⁰ Bentler et al., *supra* note 1, at 41. Medicaid expansion groups also noted problems with transportation. 223 respondents across all groups described problems securing a ride from friends or family, while 104 WP and MPC members left comments requesting assistance with transportation and related expenses. *Id.* at 42.

¹¹ *Id.* at 44.

¹² Paul F. Hanley et al., University of Iowa Public Policy Center, Iowa Medicaid Non-Emergency Medical Transportation System Review and Options for Improvements, 41 (Sept. 2008), http://ir.uiowa.edu/cgi/viewcontent.cgi?article=1004&context=ppc_transportation.

¹³ *Id.* at 41.

Sincerely,

Leonardo D. Cuello,
Director, Health Policy